

Limited Data Set Order Form
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
June 2003

Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in your order. To process each order, the Centers for Medicare & Medicaid Services (CMS) incurs costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable.

1. The following documentation must be submitted with your order:

- a. Limited Data Set Data Use Agreement
- b. Limited Data Set Order Form
- c. Payment for files
- d. Research Application (Project Description)

2. Standard Output Specifications:

Cartridge

1. Recording Mode----- EBCDIC
2. Tape Labeling----- IBM Standard
3. Density----- IBM 3490e Cartridge – 36 track-810 Megabytes (Standard Format)
----- IBM 3480 Cartridge – 18 track-210 Megabytes (by special request only)

3. Methods of Payment (All money must be drawn on a U.S. bank):

- a. Payments must accompany order forms (No credit card payments).

Make **company check** or **money order** payable to:

Centers for Medicare & Medicaid Services-PUF or CMS-PUF

- b. Electronic Transmitted Payment (For Other Federal Agencies Only)
 1. U.S. Federal Government Agencies need Agency Location Code
 2. U.S. Banks only (contact CMS's Accounting Office - 410-786-2567).
- c. Purchase Orders require prepayment.

4. Files for Purchase Information:

See Website at www.cms.hhs.gov/data/

5. MAILING INSTRUCTIONS FOR ORDERS:

a. Mailing Address if using U.S. Postal Service

Centers for Medicare & Medicaid Services
Public Use Files
Accounting Division
P. O. Box 7520
Baltimore, Maryland 21244-1850

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b. Mailing Address if using express mail (Federal Express, Airborne, etc.)

Centers for Medicare & Medicaid Services
OFM/Division of Accounting-PUF
7500 Security Boulevard, C3-07-11
Baltimore, Maryland 21244-1850

Address must be written in its entirety.

Request must include name and telephone # of contact person.

6. Magnetic Media Return Policy:

CMS will honor written requests for replacement files due to physical errors on the file or incorrect processing of the original order within **60 days** of the shipment date provided the cartridges or CD are returned with an explanation of the problem to the following address:

CMS/Data Release Area
Tape Library-PUF
7500 Security Boulevard, NL-37
Baltimore, Maryland 21244-1850

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Please Print Legibly or Type

LIMITED DATA SET ORDER FORM

Centers for Medicare & Medicaid Services
Accounting Division-PUF
P.O. Box 7520
Baltimore, Maryland 21207-0520
(410) 786-3691

Date: _____

PURCHASE REQUEST

<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1. <u>National MEDPAR Limited Data Set</u>	_____	_____
2. <u>State MEDPAR Limited Data Set (Indicate State)</u>	_____	_____
_____	_____	_____
3. <u>Outpatient PPS Data Set</u>	_____	_____
	TOTAL	_____

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: CMS-PUF
(No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) _____

OUTPUT SPECIFICATIONS:

1. Cartridge (Standard Output): 3490e _____
2. By Special Request ONLY: 3480 Cartridge _____

EXPRESS COMPANY: (i.e., Fed Ex, Airborne, etc.) _____

EXPRESS ACCOUNT: (Number) _____

NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

EMAIL ADDRESS: _____

PHONENUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____

This form can be reproduced for additional orders.

Rev (6/2003) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES